Coordinated Family Services (CFS)

St. Croix County

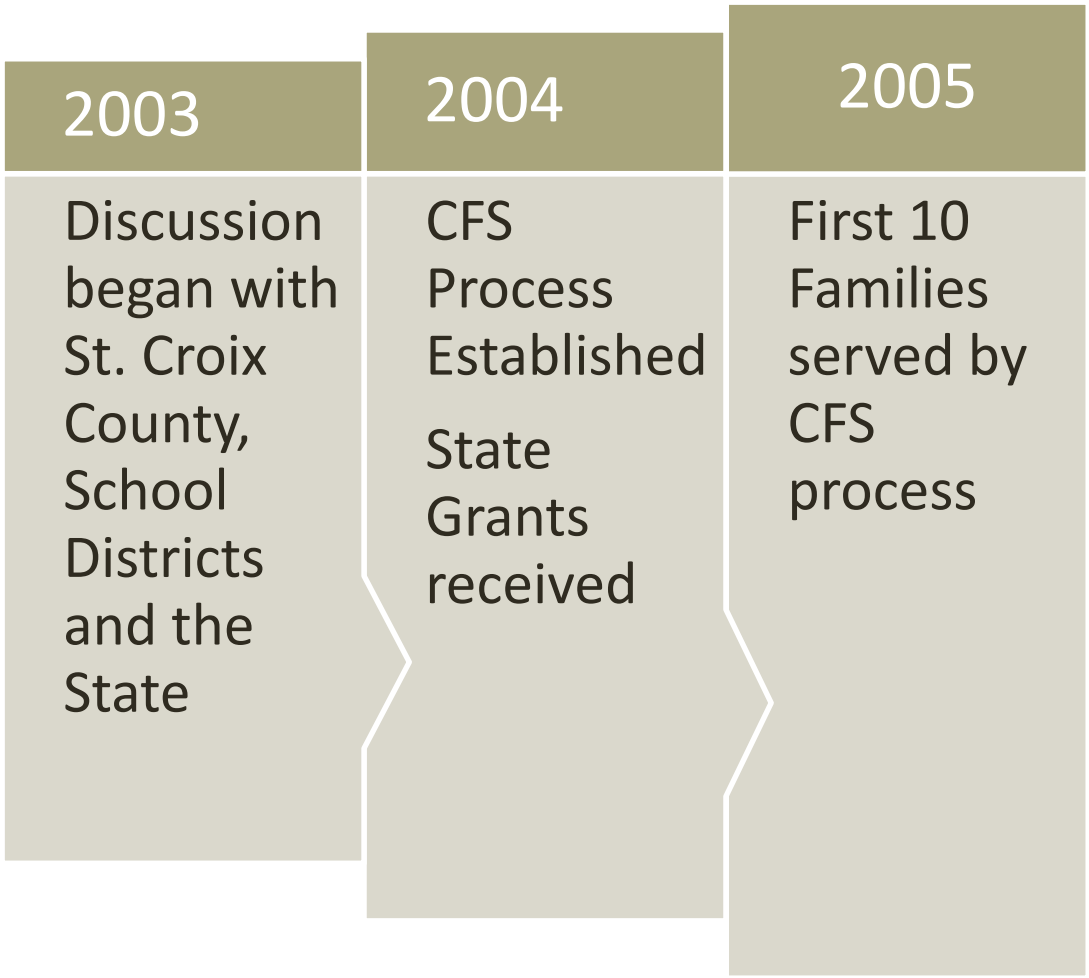
Outline

- What is CFS?
- Eligibility
- Team Process Overview
- Benefits/Outcomes
- Team Logistics

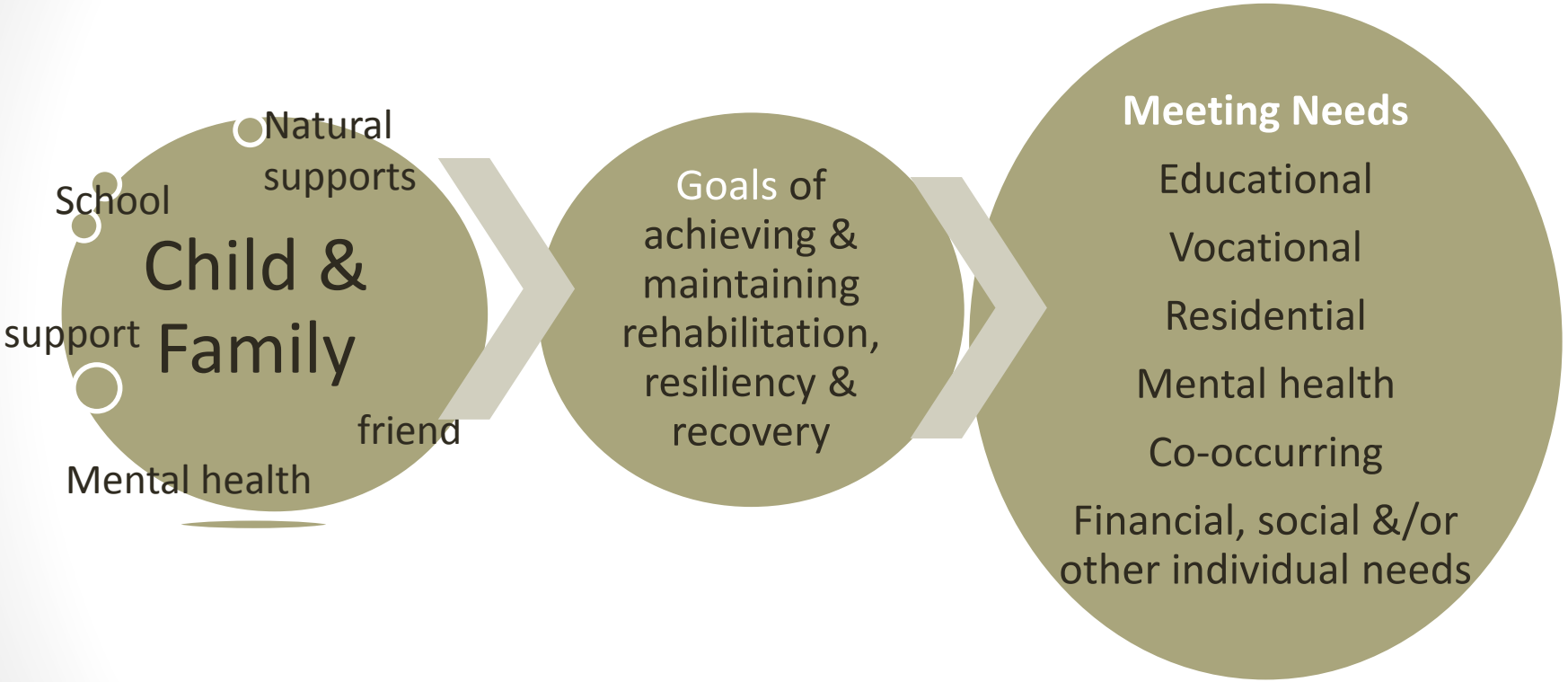
St. Croix Co. Programs

- **CST: Coordinated Services Team** The Coordinated Service Team Initiative is an evidenced-based practice model of care
- **CFS: Coordinated Family Services** is the local CST initiative in St. Croix County serving youth/families since 2004.
- **CLTS: Children's Long Term Support Waivers** is a federal, state and county funded program to maintain children who have severe developmental, emotional or physical disabilities in their homes.
- **CCS: Comprehensive Community Services** is a recovery oriented program designed to work with people of all ages whose lives are impacted by the effects of mental illness and/or substance use disorder.
- **MST: Multi Systemic Therapy Program** is a comprehensive in home therapy program for youth ages 12-17 at risk of out of home placement.
- **TCM: Targeted Case Management** is short-term Medical Assistance

History of CFS in St. Croix County



What is CFS….


Natural supports
School
Child & Family
support
friend
Mental health
Goals of achieving & maintaining rehabilitation, resiliency & recovery
Meeting Needs
Educational
Vocational
Residential
Mental health
Co-occurring
Financial, social &/or other individual needs

Eligibility

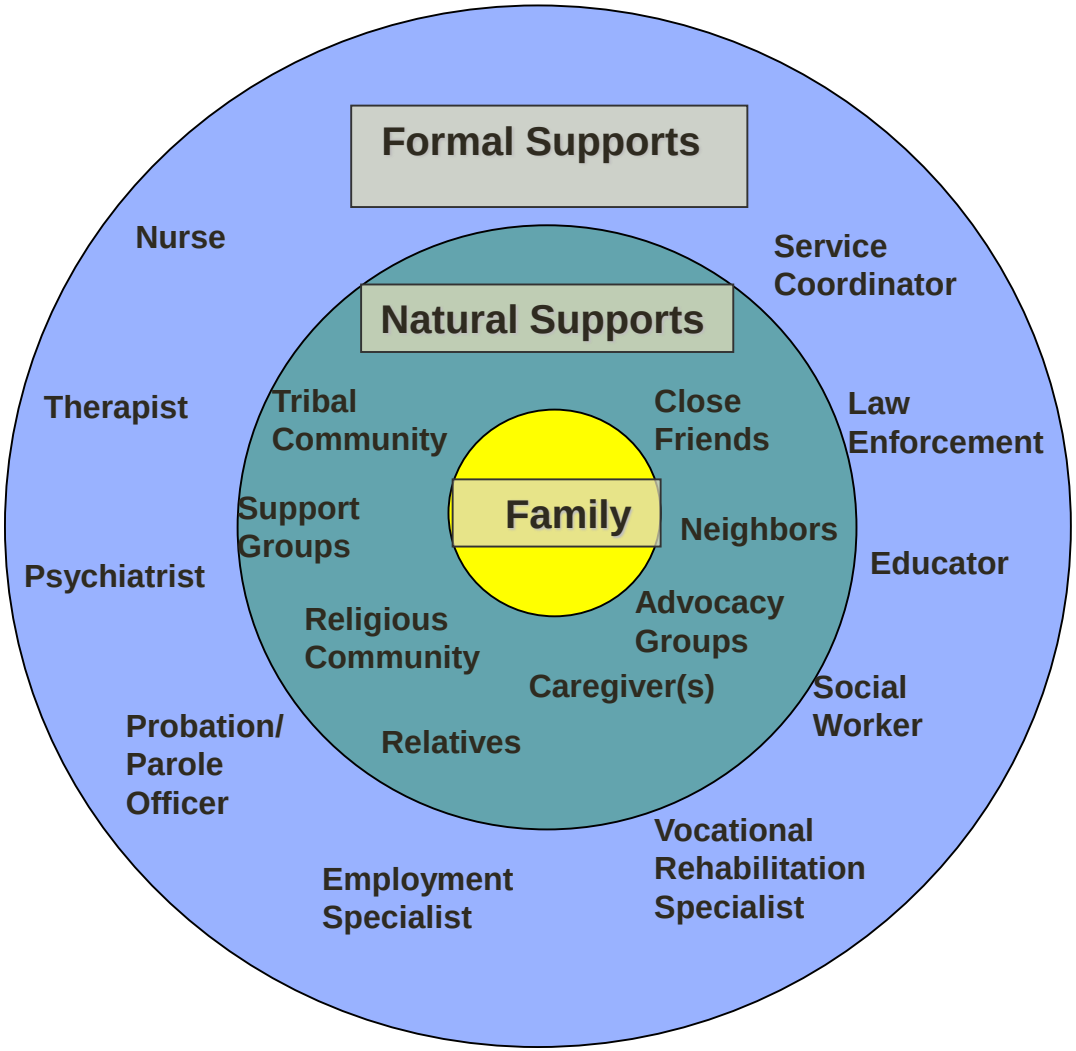
- Youth who are involved in two or more systems of care (such as Juvenile Justice, Special Education, Child Welfare, Mental Health, AODA, extensive medical, etc.)
- Other interventions have not been successful over time; persistent obstacles to service access; and/or there is a need for service coordination
- Child is at risk of out of home/more restrictive placement
- Parent(s) willing to be involved in the CST team process (or willing to learn more about it)

Who can be on the team?

To qualify for team involvement, individuals should:

- Have a role in the lives of the child & family
- Be supportive of the child & family
- Be supported for membership by the child/parent
- Be committed to participate in the process – including regular team meeting attendance
- Participate in discussions
- Be involved in the Plan of Care

Potential Members of Teams



Youth Involvement on Teams

If possible, the child should be an active member of the team. The parents, with the support of the service coordinator and team should make the decision for level of participation by the child.

Factors to consider may include:

- Age
- Nature of the child's disability
- Ability to contribute to and benefit from team meetings
- Would the child benefit from having an advocate on the team?

Coordinated Family Services Process/Timeline

Phase I: Assessment, Planning, and Crisis Response Planning

- Teams meet every 1 – 2 weeks for approximately 1 hour
- Phase may last approximately 2 – 3 months

Phase II: Plan Implementation & Monitoring

- Teams meet as often as necessary, typically every 3 – 5 weeks
- Phase may last approximately 6 – 12 months

Phase III: Transition & Closure

- Teams may meet every 2 – 3 months while transitioning out of the formal team process

First Team Meeting

- Build and strengthen relationships of team members
- Establish process for working together
- Team facilitator identified
- Agenda set
- Roles, Strengths and Goals of each member identified

First Team Meeting

This video depicts an initial CST family team meeting.

In this situation, the team's Service Coordinator, Greg, facilitates an overview of the team process, and leads team members through several exercises including the Roles, Strengths, and Goals exercise, and the development of team rules.

Parent's perspective of 1st team meeting

- Feedback from parent's after the first team meeting is generally that:
  - They didn't really know what to fully expect but it helped in feeling more comfortable with those team members afterward
  - Nice to see that it was a positive meeting talking about strengths and hearing the different goals that people had for my family
  - Felt it was important for their son/daughter to hear the goals that the team had for them
  - Was helpful to have a parent advocate or some support at the meeting and on the team
  - Still was a little unsure about how the team process will fully roll out but feels like it was started on a positive note
  - Grateful to see the number of people that were giving their time and being apart of the team to help the family
  - It was helpful to have the social worker develop and manage the team making it less stress for us as parents

Phase 1: Assessment and Planning

- Complete Assessment to determine Strengths & Needs of the child/family
- Develop Plan of Care
- Develop Crisis/Safety Plans

Strengths & Needs Assessment

Below are the various sections incorporated in the assessment

- Living situations
- Basic needs and financial status
- Child & family situation
- Mental health
- Social interaction
- Access to community resources
- Cultural involvement
- Spiritual status
- Educational/vocational status
- Legal involvement
- Medical status
- AODA status
- Crisis response

Plan of Care Development

Once the team has prioritized the top needs from the Strengths & Needs Assessment, the planning can begin. The Service Coordinator should lead the family team in reviewing the assessment

The next step is to identify a realistic long-term goal, short term goals and a plan to meet the needs of that area as identified.

Crisis Response Plan Development

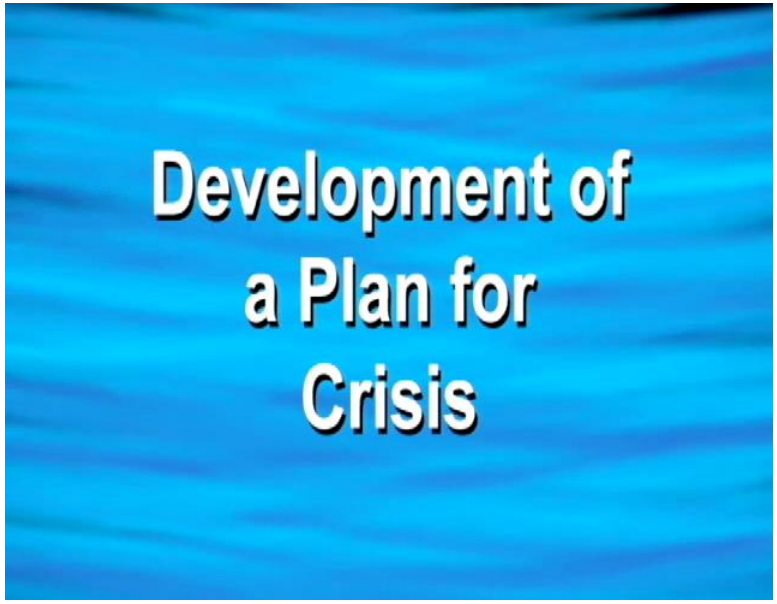
"A crisis occurs when adults don't know what to do." **– Carl Shick**

- Crisis Response Planning is a very important part of the team process. Crisis Response Planning typically takes place as a part of the Plan of Care process, and is prioritized by the team in terms of when it should be completed. In some cases, when safety is a primary concern, Crisis Response Planning may occur at the first or second team meeting. **This is only recommended if there are immediate safety or crisis concerns** – experience shows that teams are better equipped to develop Crisis Response Plans once relationships have been built among team members.

Crisis Plan

In this video, the team develops a Plan for Crisis to address crisis situations that may occur at home regarding Ethan.

The team discusses interventions that have worked in the past at school, home, and in the community; and brainstorms additional possible interventions and supports.



Crisis Plan Effectiveness

Feedback from providers and families on the development and use of the crisis plan

- The plan was very helpful to our staff as it gave us a detailed description for helping our pupil. Without it I don't even know what we would have done in the case of an emergency. It's definitely better to be proactive than reactive.
- **The crisis plan was well developed, appropriate plan that kept the individual safe and became an effective deterrent for future occurrences of inappropriate behavior. It provided the mother with a concrete plan so she knew exactly what to do**
- Everyone knew how a crisis would be handled. I think just the planning process reduced the chances that a crisis would occur.

Phase II: Ongoing Monitoring

- Once the team has completed the Plan of Care, it should be reviewed, approved, and implemented.
- During the ongoing monitoring phase the team provides on-going support and monitoring; meeting as a team when necessary to review the plan, progress toward goals, and need for plan modification. Teams typically meet every 3 to 6 weeks, depending on individual team's needs

Phase III: Transition and Closure

- As the team is preparing for closure, the focus should be on long-term planning. Consider what services and transitions the family and child will encounter in the future and develop a plan around these needs. The team should also review the Crisis Response Plans to ensure they are up-to-date in case they need to be referenced in the future

Transition/Closure

Intent of the team is not to solve every problem, rather to develop skills, gain knowledge and identify and access resources necessary to meet the needs

- Once this process is working the formal team process should end
- This doesn't mean that services aren't necessary or that supports aren't needed.
- Family has developed the skills/resources to meet their own needs

Managing Disagreement/Conflict

- The members of the team are a primary source of information on the success (and lack of success) of the elements of the plan. Within the confidentiality of the team, members are expected to share information honestly and openly in order that the plan can be developed and modified when necessary. When members differ in their opinions, it is expected that these differences will be discussed in the team and/or with the team coordinator. It is only through discussing and resolving differences that a workable, successful plan can be developed.
- At times family teams will become deadlocked over a specific issue. This is a difficult time for the team. Sides are taken and hard feelings can be generated, threatening the team's ability to function effectively. It is important to deal with conflict as soon as possible.

Team Logistics

General team logistics to keep in mind

- Team meetings are scheduled for a one hour duration of time
- Teams will not meet without a parent/guardian being present
- Teams can choose to meet where and when it is most convenient for team members . Common locations may be schools, provider's place of business, family home, a park if the weather is nice, etc.

Team Logistics

The most challenging aspect of starting the team process may be in trying to find a time and place that will work for all team members. It is unrealistic to think that everyone on the team will be able to make every single meeting so below are some options for team involvement based on logistical barriers:

- Participate in the meeting via phone or other forms of technology such as Skype, FaceTime, go to meeting, etc.
- Depending on the agenda for the meeting, some team members can participate in a portion of the meeting only (this works well with private practice therapists who may not be able to devote a hour to a meeting)
- Designate someone on the team to follow up with a missing team members after the meeting
- Rely on reading team meeting notes that are distributed after each meeting
- Members unable to attend can submit their updates in writing

Sampling of Outcomes/Benefits

- Majority of children remain in their home, school & community
- Increases involvement of informal supports
- Improved communication, collaboration, and coordination
- Increase in family advocacy
- Less duplication of services, workload is shared
- Pro-active planning (meet during non-crisis times)
- Increased/shared resources

Family Benefits

Below is feedback provided by parents after participating in the CFS team process and asked

"What did you like about the CFS experience?"

- Everyone showed genuine care and concern and were very supportive
- The support we got as parents. When we were burnt out we had the rest of the team helping
- It got my family back together
- The group approach and extra ideas and views provided. By having more people there to evaluate the situation and problem solve
- How my family was respected and how I'm able to advocate now
- It was a place of support during a very difficult challenging time in our family
- A group of people with different backgrounds either professionally/personally to come up with ideas to meet my child's needs

Team Member Benefits

Below is feedback provided by team member after participating in the CFS team process and asked

"In what ways did the CFS experience benefit you?"

- It was a great way to keep in touch w/everyone working with the client, to know what services were occurring and how we could support/build off of each other
- It allowed me to brainstorm with others and access their input for services the family needed. The meetings also kept me informed of progress or problems in other environments
- Increased knowledge of community resources, watched a family become healthier, learned ways to deal with complex situations by observing professionals interact
- Communication was the most valuable aspect from my perspective
- Offered centralized location for all team members to meet, discuss and create options to support client and family. Created realistic deadlines to get goals done and progress made/done efficiently for family
- Drew together more community resources and allowed me to meet these people (normally this would not happen unless clients chose to bring them into therapy session)

What youth have to say….

The following are statements obtained from youth that had been involved in their CFS team when asked

"What did you like about your team?"

- They listened and gave advice well
- They supported me
- I liked that everyone cared a lot about me and showed it
- Everyone listened and helped when they could
- Was consistent with plans that helped me a lot
- They were supportive

Credit

- The video vignettes were developed as an educational tool for service coordinators, team facilitators, and family and team members who would like to see an example of the Coordinated Services Team (CST) Initiative family team process played out by an actual team. The situations acted out in each video are not meant to depict a specific team, child, or family experience, rather to model the types of activities and situations that family teams may experience.

  These videos were developed in partnership with the Wisconsin Department of Health Services - Division of Mental Health and Substance Abuse Services, the Northeast Wisconsin Partnership for Children and Families, the University of Wisconsin Green Bay - Academic Technology Services, and White Pine Consulting Service.

Resources

- For additional information on the Coordinated Services Team (CST) Initiative in the State of Wisconsin, please visit the Collaborative Systems of Care Resource Website:

www.wicollaborative.org